

Expert Advisory Committee
Friday March 9, 2012
8:00am – RICCMHO
Meeting Minutes

Attendees: Mark Reynolds, Joan Kwiatkowski, Beth Lange, Jim Borah, Elaine Jones, Kathryn Shanley, Elizabeth Earls, Craig Syata

Note: Many members sent representatives of their organizations in their stead, including United, sending Jason Martiesian, and BCBS, sending Rich Glucksman.

- I. Call to Order – Dan Meuse called the meeting to order at 8:00am. He thanked the group for their attendance and the host for their assistance with the room and reminded members that we will be meeting every three weeks going forward and that an email with future dates will be going around shortly. He noted that today's meeting will center on what are the anticipated focus areas for the coming six months. At the same time that we will be covering these topics, we will be in the process of procurement, with an RFP that Angela Sherwin will speak to later.
- II. Topics of Discussion – Dan will run through the topics as outlined and welcomes the group to ask questions and comment.
 - a. Topics of Interest - Dan notes that he will go into each.
 - i. Elizabeth Lange: As we get into these topics, I don't see a set date to discuss the essential health benefits.
 1. Dan Meuse: Absolutely. We recognize that this is a key topic to focus on in the next year. We will be slotting in a discussion at some point, but we do see that essential health benefits is not singular to the exchange and the work of the exchange workgroups and committees. There is a plan to create a new group to work through this issues, then funnel thoughts and decision making process
 2. Elizabeth Lange: Would it be possible for us to know about these meetings.
 - o Dan Meuse: Yes
 - ii. Mark Reynolds: What is the timeline on this?
 1. Dan Meuse: We are thinking very late spring, early summer. The only guidelines we are getting from the federal government is that states will need to make a decision over the course of the summer.
 - iii. Elaina Goldstein: Take a look at the cost of the mandated benefits, as this is going to be very complex, with coding etc.
 1. Dan Meuse: It will be even more complex here as that we are only given seven categories from the feds, and we will need to fit the mandates into those. No dollar limits on the essential health benefits.
 - b. Running through the topics of discussion as anticipated:

- i. Small Business Health Options Program (SHOP) I – Basic SHOP introduction; tax credits, employer eligibility, design decisions; biggest challenges and opportunities.
- ii. SHOP II – How to add value to businesses and employees. What is meant by “defined contribution”?
 1. Elaina Goldstein: Quick Question - Have they decided that the subsidy is going to apply at this level and not above?
 - Dan Meuse: The calculation of the subsidy is based on the cost of the second lowest cost silver plan. How much of a tax credit do we need to give you for this – and that is your tax credit? There are others, cost sharing subsidies, it is complex and confusing
- iii. Consumer Assistance Introduction – What is “consumer assistance” in exchange terms? What will consumers need?
- iv. Navigation and Assistors – navigators and other assistors
 1. Kathryn Shanley: Is it totally up to each state how these navigators will be compensated?
 - Dan Meuse: Yes, there is little guidance on that compensation. There is no set of guidelines that say this is how we see navigators being compensated. The one thing we do know is that we cannot use grant funds to compensate navigators.
 - Kathryn Shanley: It says that insurance companies cannot be navigators as we have incentives – is it not the same for brokers?
 2. Elaina Goldstein: Is there a reason why you are only looking at the brokers assisting in the SHOP and not the individual market?
 - Dan Meuse: It’s a bit artificially broken down. Brokers and agents as the SHOP side assistors is a bit of an artificial divide. That is the conversation we will get into as it breaks down in these groups of meetings.
- v. Brokers and the SHOP – brokers and consumer assistance in the SHOP
- vi. Qualified Health Plans I – the important factors to consider in qualified health plans on the exchange
- vii. Qualified Health Plans II – continued discussion of the qualified health plan
 1. Kathryn Shanley: Would you amend that to also include qualified dental plans, as that is also in the federal statute?
 - Dan Meuse: Yes, I can.
 2. Craig Syata: Are you planning on doing informational sessions, or focus groups to try to get a sense of how many folks are going to try to go through the SHOP?
 - Dan Meuse: Yes we have already begun some of that market research and can bring more to that discussion of the SHOP.
 - Angela Sherwin: To speak more to that, the conversations having last fall, we began working with

a focus group through our Wakely Contract, both with small employers and their employees. The results from those will come to this group at the next meeting as we review what has been done in the past year. The dollars are in Establishment II grant that the state one last year. The technology planning, the consumer assistance planning, and some other things. We are almost completed with the process for that, but the research that they conduct has not yet been defined.

3. Craig Syata: Is there to be a discussion about how to plan the SHOP the exchange, as an option available to small businesses... or...?

- Dan Meuse: That will be our conversations for the next meeting.

viii. TBD – Will allow for a timed discussion of topics that develop in the coming months that need attention.

ix. Exchange Certification – the application process and where we are.

1. Mark Reynolds: Do you really think you need expert input on that particular piece as it seems rather technical?

- Angela Sherwin: The notion of bringing it as a topic is less about critique our application for certification, but rather review as it will be documentation of decisions made in the past 4-6 months.

2. Rich Glucksman: Is there a document that shows a flow of documents and surveys and RFPs, and demonstrates how those flow into another.

- Dan Meuse: What does the next year look like as critical deadlines etc.

3. Elizabeth Lange: That would be really helpful so that it is not silos of information. How it all works together and overlaps.

x. Marketing and Outreach – one year until open enrollment – strategies and tactics reach the exchange's customers.

c. Additional Suggestions/Questions/Comments

- i. Kathryn Shanley: Can the exchange level II money be used towards marketing campaigns?

1. Dan Meuse: The establishment funds are used for building the exchange technology and building the operational expertise to run the exchange, and the options for the exchange in the first year. The marketing for the exchange is part of that.

- ii. Joan Kwiatkowski: Can you speak to what the evolution of this group is once the exchange director is hired?

1. Dan Meuse: The Board will remain and advisory Board to the Governor and the Exchange Director and the conflict of interest provisions for the Board will remain. That makes this a significant interest value to the Board and the process. When we have someone who wears the nametag Exchange Director full time, there will be a face and a point person for

all of these, as opposed to a myriad of staff members heading different topics. The topics will not change much, unless the Director wholeheartedly feels this is going the wrong way.

2. Deb Faulkner: I would add that many of the work-plans and processes are federally defined, so I would expect those from the most part to stay. There may be some refinements and adjustments, but for the most part the categories will remain
 3. Joan Kwiatkowski: I am most concerned about a timeline – there is bound to be some shift once we move into a situation with a director.
 4. Dan Meuse: I do not think there would be a massive shift. When a director comes on board and recognizes the great deal of work that we need to do next week, all the staff you have seen the last six months, we will continue to support that exchange director.
- iii. Kathryn Shanley: From a carrier perspective, please don't underestimate how much time we are going to need to plan for these changes and projects. Moving into 2013 and getting ready for these changes – soon isn't soon enough.
1. Dan Meuse: This group tends to be more of a policy level discussion, recognizing there needs to be more of a technical level discussion as well. We are working really hard to keep everyone apprised in the interest of reaching these goals.
- iv. Elizabeth Earls: Is July about when we would touch upon the basic health plan issue?
1. Dan Meuse: We don't know yet. As we are still awaiting information from the federal government on this issue, it is a waiting game. We recognize from a pragmatic operational standpoint there are two times when we can make a state decision for BHP. Late June, early July of this year, or late June, Early July of next year. Next year will be really tough for EOHHS and OHIC to have a turn around in time for 2014, but this year we don't know if we will have the guidance needed to make that decision.
- v. Elizabeth Lange: There are group of people in the office looking at these plans, and putting them together as a document that will allow for easy comparison?
1. Dan Meuse: Yes, grad student at OHIC working diligently on that.
- vi. Craig Syata: Can you give an update on how we will know the take up and what we need to cover that?
1. Angela Sherwin: The survey we spoke of earlier has one of the goal to have a state specific estimate of where people will fall in 2014 and beyond. We can try to document how all of these pieces relate.
 2. Craig Syata: Do you envision being in a position to say these are what the numbers need to be?
 - o Deb Faulkner: Yes, though it is an estimate – that is the reality of any analysis. Financial implications for the state, and different models. It is worth

considering, not a slam dunk answer. It is worth pursuing, but let's get better survey data, better guidance from the feds, take that analysis and be more confident in it. One of the big assumptions was we can do a RLte Share like program and the math isn't supporting that.

vii. Mark Reynolds: One of the key factors in terms of pricing is whether or not pregnant women are covered and we have heard that was still open in this initial analysis?

1. Deb Faulkner: It didn't get resolved; we are still trying to get stronger data and assessment. It is something that we are working to determine where it will be best to keep that demographic.

viii. Richard Langseth: Question about the general assembly – I am getting nervous that the assembly doesn't know that they may consider the BHP at the end of this year. At the staff level for the legislators there is recognition they may need to look at it this year, but not up to the member letter yet.

ix. Elizabeth Earls: Regarding the BHP, how do we know if it is affordable, if we do not know who can and will be covered, i.e. pregnant women?

1. Dan Meuse: We make educated assumptions. There is a benefit structure, and a set of rates for our RLte Care population right now – can we use that model to assume what that population will look like and come up with a cost estimate. That was done in our last estimate, and with taking into account these 12 assumptions, we know we are pretty close, but we are not there yet, hence why Deb was speaking to why we need a refined assumption.

x. Elaine Jones: RLte Care is not an attractive program to providers. It's great to have everyone covered, but if it is a program that providers don't want to accept, and we want to try to get everyone feeling they're moving forward.

1. Elizabeth Lange: That is a good point, but to string it out need to say that it may be different world views for primary care vis a vis specialists and many primary care providers do have a positive world view of the RLte Care model, whereas not the case for specialists.

xi. Kathryn Shanley: On the BHP, while it is conceivable that we couldn't get something passed that the end of this session, it is possible the leg could pass something in January/February of next year (granted difficult).

1. Matt Harvey: Difficult because a BHP would have to go through a budget, so optimistically an early June. Couldn't create a year-to-year model, in order to cover risk during the first period, spread on a multi year period. There is an intellectual risk to take on, but that is not the financial risk. These decisions are not eternal – they can be amended going forward.

- Deb Faulkner: Absolutely a good point, and once we have a better idea on the numbers it will hugely help to move forward.

xii. Craig Syata: Would like to suggest that we vet the data pieces through this group – understanding it is not on the initial list, but we do think it is important.

III. Angela Sherwin - Introduction of the Request for Proposal for the Exchange.

- a. Angela Sherwin: We had a Board member who continued to ask can we see what is in the RFP, can you post it. We did not believe we were allowed to do so as a state, and Linda Katz suggested we review how CA handles their RFP process. CA will take a draft version of an RFP, post it publically for comment. We will post the introduction and the scope of work sections of the RFP, it lays out a good vision of what we will be talking about and seeking.
- b. Matt Harvey: When it goes up it will have draft written across it in bold – important to note this is indeed a draft. Specific to what you will see there is a reasonable explication of how this project is an integrated system between the Exchange and the OHHS. When the scope of work gets posted, the work is sliced into nine task order – areas of work that are on EOHHS, determination of eligibility, what not posting right now are the detailed requirements, partly bc not done and partly because we don't know how vendors will respond to that. The main difference between the RI request, vs. other states is how integrated we are with Medicaid. We want our users to have the same experience regardless of what they are applying for from start to patient. There has been a lot of discussion about how we are actually going to procure this, and what we want. Eight of them are relatively straightforward, we are procuring technology portal. Task order number nine is procuring the financial management function for the exchange – want a vendor who can offer financial operations as well as technical operations. Want it very clear the only area in this RFP in which we are procuring operational support in addition to technical.
- c. This will be posted on www.healthcare.ri.gov, by COB today (03/09/12). We welcome you to review and send in comments on these documents.
 - i. Kathryn Shanley: Will there be a procurement team? What is the decision making process?
 - ii. Dan Meuse: There are two parts, the procurement process and a project management. These two are both joint interagency work.
 - iii. Kathryn Shanley: What is the hope for turn around with vendors, if RFP goes out in March?
 1. Matt Harvey: By the end of the summer need to be contracted and starting work

IV. Public Comment:

- a. Richard Langseth – Formal talking points letter as those in the political process needs to be clear. Submits formal letter for the group to consider.. I believe the most important part of insurance is the card, and making sure that card works. In order for that card to work, the provider group has to participate at a high deductible option. The associated industries of VT want to assume risk, what to assume responsibilities – that is what a high deductible plan. People need to be rest assured that the card works. The flip side is people need to be responsible also. This card has to have teeth in it;

there needs to be some kind of plan between the hospital and then employee, and after a certain time that will work. Really need to think more about what we do with small businesses the card. Access to preventable health – this card that is working with the high deductible plan, also encourages the people to go to websites, they need to join health clubs, get engaged. This helps with employers too, as employers are concerned about preventatives. Mental health has always been preventative; appreciate being able to speak here today. As we go forward, these will be talking points, there are people who are really concerned with this going forward. Need answers from their employees. This is the most important issue.

- b. Elizabeth Lange: From a front desk a provider – high deductible plans are difficult – not sure this as suggesting is the utopia, just feel there are multiple sides to the equation.

V. Adjourn – Next meeting March 28, 2012 at Healthcentric Advisors, 8:00am.